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| FY 2002   |   |  |  |                           | Docket Number (Optional) UV-30 CPA2 CONT |   |                                       |
|---|---|--|--|---------------------------|--|---|---------------------------------------|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) |   |  |  |                           | 00000174                                 | 2 00111                                       |                                       |
| Application Number 09/891,494   |   |  |  |                           | Filed June 25, 2001                      |   |                                       |
| For   | NTER  | NET TELE                                 | VISION PROGRAM GUIDE   | SYSTEM WITH EM            | BEDDED REA                               | AL-TIME DATA                                  |                                       |
| Art Unit 2623   |   |  |  |                           | Examiner Harun M. Yiman                  |   |                                       |
|   | is a re<br>lication   |  | the provisions of 37 CFR 1.13                                  | 36(a) to extend the perio | d for filing a rep                       | ply in the above id                           | entified                              |
| The   | reque   | sted extensio                            | n and fee are as follows (che                                  | ck time period desired a  | nd enter the ap                          | propriate fee belo                            | w):                                   |
|   | <u>Fee</u> <u>S</u>   |  |  |                           | nall Entity Fee                          |   |                                       |
|   |   | One mont                                 | h (37 CFR 1.17(a)(1))  | \$120                     | \$60                                     | \$  |                                       |
|   | $\boxtimes$   | Two mont                                 | hs (37 CFR 1.17(a)(2))   | \$450                     | \$225                                    | \$  | 450.00                                |
|   |   | Three mo                                 | nths (37 CFR 1.17(a)(3))                                       | \$1020                    | \$510                                    | \$  |                                       |
|   |   | Four mon                                 | ths (37 CFR 1.17(a)(4))  | \$1590                    | \$795                                    | \$  |                                       |
|   |   | Five mont                                | hs (37 CFR 1.17(a)(5))   | \$2160                    | \$1080                                   | \$  |                                       |
|   | Applicant claims small entity status. See 37 CFR 1.27.  |  |  |                           |  |   |                                       |
|   | A check in the amount of the fee is enclosed.   |  |  |                           |  |   |                                       |
|   | Payment by credit card. Form PTO-2038 is attached.  |  |  |                           |  |   |                                       |
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|   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-1075</u> , ( <u>Order No. 003597-0030</u> ). I have enclosed a duplicate copy of this sheet. |  |  |                           |  |   |                                       |
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| I am  | the   | □ ар                                     | plicant/inventor.  |                           |  |   |                                       |
|   | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |  |                           |  |   |                                       |
|   | attorney or agent of record. Registration Number  |  |  |                           |  |   |                                       |
|   |   | ⊠ att                                    | orney or agent under 37 C<br>Registration number if acting und |                           |  |   |                                       |
| _   |   |  | Signature  |                           |  | February 8, 2007  Date                        | · · · · · · · · · · · · · · · · · · · |
|   | _   |  | Paul Leblond   |                           | <del></del>                              | 212-596-9000                                  |                                       |
|   |   |  | Typed or printed name  |                           |  | Telephone Number                              |                                       |
| NOTE signat   | : Signatu<br>ure is rec   | res of all the inve<br>juired, see below | entors or assignees of record of the er                        |                           |  | l. Submit multiple forms<br>SHAH1 00000025 06 |                                       |
| ☐ Total of forms are submitted.   |   |  |  |                           | 01 FC:1252                               | 458.00 DA                                     | 51075 09891494                        |

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